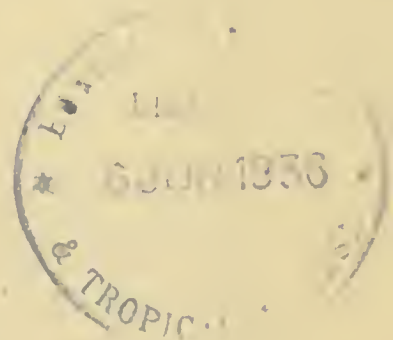


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Gloucestershire Education Committee

TWENTY-EIGHTH
ANNUAL REPORT



OF THE

SCHOOL MEDICAL OFFICER

ON

MEDICAL INSPECTION AND
TREATMENT

For the year ended December 31st, 1935



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Gloucestershire Education Committee.

SHIRE HALL,

GLOUCESTER,

26th March, 1936.

*To the Chairman and Members
of the Education Committee.*

LADIES AND GENTLEMEN,

The twenty-eighth Annual Report, like its predecessors, is mainly a record of the routine survey of about 18,000 children and the action taken thereon. But, though the changes may have been slight from year to year, a comparison of this report with one of fifteen to twenty years ago would reveal the very great advance in the treatment of defects: in the early years all that could be done was to draw the attention of parents to the desirability of giving their children the benefit available from existing agencies whereas now the County Scheme is available for filling very many gaps. As a general result some 94% of conditions noted at the inspection have received treatment when the children come under review a year later.

Perhaps the most serious defect in the arrangements at the present time is the fact that dental treatment ceases abruptly when children reach the age of 11 years and there still remain some three years for which the Education Committee still have responsibility for their care.

Another unhappy fact is that there are only three places in the County where provision is made for hot baths for the children: at Tewkesbury considerable numbers take advantage of the facilities placed at their disposal free of charge, but at Coln St. Aldwyn and Hatherop the response is most disappointing.

A very unusual feature of the year was the occurrence of two groups of cases of infantile paralysis: there were five deaths, but the permanent results among the 31 survivors were less serious, on the whole, than was anticipated. All the children had early orthopaedic treatment (p. 15).

The arrangements for the special examination of children with heart disease are very advantageous from various points of

view and attention may be directed usefully to two aspects mentioned specially by Dr. J. R. Collins, one of the physicians (p. 18).

The report following is a very condensed record of the work, undertaken on behalf of the Committee, by a large body of persons, technical and clerical, and once again it is a privilege to acknowledge their co-operation and assistance in a manner which makes all branches work so smoothly and happily.

I have the honour to remain,

Your obedient servant,

J. MIDDLETON MARTIN,

School Medical Officer.

Twenty-Eighth Annual Report

OF THE

SCHOOL MEDICAL OFFICER

Staff.

Medical.—There has been no change in the Medical Staff during 1935, but Dr. T. Rhind, one of the part-time School Medical Inspectors, was off duty on account of illness during the latter part of the year and arrangements were made for Dr. C. H. Pauli, of Pilning, to examine the children due for inspection at Schools in the Thornbury Rural District.

The Staff consists of two whole-time Medical Inspectors and three Doctors who are also Medical Officers of Health in their respective areas. They are :—

Dr. T. F. H. Blake	appointed	1 Sept., 1908	} Whole Time.
Dr. Isabel R. Gordon	,,	17 April, 1934	
Dr. H. F. W. Adams	,,	7 Feb., 1921	
Dr. R. Green	,,	1 Sept., 1912	} Part Time.
Dr. T. Rhind	,,	1 Feb., 1913	

Dental.—On 31st August, 1935, Miss Dorothy W. Crozier, L.D.S. resigned from her appointment as whole-time County Dentist and was succeeded by Miss Mary Margaret Clerke, B.D.S. as from 2nd September, 1935. The names of the County Dentists are :—

Miss A. M. Boal	appointed	1 April, 1928
Miss M. M. Clerke	,,	2 Sept., 1935
Mr. P. J. Wakley	,,	5 May, 1919
Mr. B. F. Wren	,,	1 May, 1919

Nursing.—Miss A. Boyd, County Health Superintendent, resigned as from 11th March, 1935 and the nursing work of the County Council is now undertaken by the following whole-time Nurses :—seven County Health Superintendents, four Health Visitors, three Orthopædic Nurses, and four Dental Nurses and 137 District Nurses.

The number of District Nursing Associations in 1935 was 123 and the services of their nurses are now available over the County generally with the exception of parts of the Forest of Dean, and a few scattered parishes. The County Nursing Association have all unprovided parts under consideration and secure their inclusion in the area of a District Nursing Association—new or existing—as opportunity offers.

The Staff is :—

County Health Superintendents—

Mrs. V. M. Bausor	...	appointed	1 Sept.,	1925.
„ I. V. Ladd	...	„	19 May,	1930.
„ F. E. Lyne	...	„	16 March,	1921.
Miss J. I. McLauchlan	...	„	30 July,	1917.
„ E. Mason	...	„	6 June,	1916.
„ D. K. Palin	...	„	10 March,	1919.
„ M. S. Payne	...	„	17 Nov.,	1923.

Health Visitors and School Nurses—

Miss E. M. Burges	(temporary)	appointed	25 March,	1935.
„ A. Somerfield	...	appointed	7 Sept.,	1921.
Mrs. P. E. Watkins	...	„	1 Oct.,	1923.
„ L. Wright	...	„	8 Dec.,	1927.

Orthopædic Nurses—

Miss D. A. Rodenhurst	appointed	22 March,	1926.
„ E. G. Bowden	.. „	23 April,	1935.
„ J. Shepherd	... „	1 Feb.,	1929.

Dental Nurses—

Miss M. Hunt	...	appointed	30 Aug.,	1920.
„ A. G. Powell	...	„	1 Sept.,	1931.
„ W. H. Roberts	...	„	1 Nov.,	1931.
Mrs. E. E. Witchell	...	„	9 Jan.,	1933.

District Nurses 137 part time.

Treatment Staff—

Treatment is not given by the whole-time medical officers but by men in active practice of their profession. The Out-Stations are staffed by 48 local practitioners taking duty for six months at a time. Special branches of work are undertaken by the Staffs of the four large General Hospitals serving the County, namely :—

Treatment Staff—

Bristol Hospital Area.

Ophthalmic Surgeons	...	Mr. E. R. Chambers
		„ A. E. Iles
Ear and Throat Surgeons	...	„ E. Watson Williams
		„ J. Angell James
		„ G. R. Scarff
Orthopædic Surgeon	...	Dr. Ethel M. Redman
Heart Physician	...	„ C. E. K. Herapath

Cheltenham Hospital Area.

Ophthalmic Surgeons	...	Dr. J. G. D. Currie
		Dr. J. P. F. Lloyd
Ear and Throat Surgeon	...	Mr. T. D. Deighton
Orthopædic Surgeon	...	„ J. S. Robinson
Heart Physician	...	Dr. J. R. Collins

Gloucester Hospital Area.

Ophthalmic Surgeons	...	Mr. W. Niccol
		Dr. J. D. J. Freeman
Ear and Throat Surgeon...		Mr. C. de. W Gibb
Orthopædic Surgeon	...	„ J. F. H. Stallman
Heart Physician	...	Dr. D. E. Finlay

Oxford Hospital Area.

Ophthalmic Surgeon	...	Dr. O. B. Pratt
Ear and Throat Surgeon		Mr. R. H. Rose Innes

Co-ordination.

As stated in previous reports, there is close co-ordination between the various branches of the Public Health Service and medical practice in the County. All branches are under the administrative control of the County Medical Officer who is also School Medical Officer.

The Health Visitors visit and report periodically on all children from birth to five years of age. These records are forwarded to the School Medical Inspectors for their information when these children are being examined as entrants at the public elementary schools, and extracts useful in the medical history of the child are copied on the school card.

Hygiene.

The position generally with regard to school buildings changes little from year to year, but the Medical Inspectors pay special attention to such matters as lighting, ventilation, water supplies, sewage disposal, etc. Suggestions whereby matters might be made more satisfactory are brought to the notice of the Managers. During 1935 the Medical Inspectors drew attention to matters at 10 schools whereby conditions might be improved, and improvements were noted at 4 schools.

Medical Inspection.

A. General Arrangements.—There is no change to record in regard to the general arrangements for medical inspection. The Board's Schedule as to routine medical inspection has been followed, the groups of children inspected being as under :—

- (i) *Entrants*—Children entering school for the first time and others who have not been examined previously.
- (ii) *Intermediates*—Children at eight years of age.
- (iii) *Leavers*—Children at twelve years of age and those who have not been inspected since attaining the age of twelve.

- (iv) *Specials*—Children of various ages presenting conditions at previous occasions suggesting the desirability of further examination.
- (v) Children whom teachers or nurses present on account of some possible defect.

The visits of the Medical Inspectors are arranged with the Head Teachers who make the necessary preparations for the inspection. Arrangements are made as far as possible for a Nurse to be in attendance; in 1935 a Nurse attended at 339 of the 386 departments. Apart from schools attended by the County Health Superintendents and Health Visitors, 124 District Nurses were invited to attend at the inspections in 309 departments and, although it might be expected that other urgent work, such as midwifery cases, etc., would prevent their doing so, they were present at no less than 292 inspections. The reasons for their non-attendance at the remaining 17 departments were notified as follows :—10 on urgent work, 4 on holiday, 3 on account of illness. At 47 inspections no Nurse was present and the necessary assistance was given by the teachers.

B. Places of Inspection.—Interference with ordinary school work is to a certain extent unavoidable, but no particular difficulty has been experienced during the year in the work of medical inspection. At 359 of the 386 departments the inspections were made in rooms at the respective schools; in 8 the Teachers' Room was made available. The Domestic Science and Manual Rooms were used in 9 instances, at 4 a part of a room was partitioned by a curtain, in 1 case the Out-Station was used and in 3 others the Vestry Hall. At 2 small rural schools only was it found necessary to send the children who were not to be presented for examination to the playground.

C. Appliances.—The arrangements for appliances are unchanged. A standard for measuring heights, with a movable head-piece, is fixed in each school. The weights are taken by portable steel yards specially designed by Messrs. Avery & Co. for the Committee when medical inspection was commenced in 1908: they weigh up to 121 lbs. by ounces and in practice have proved very satisfactory. The steel yards are tested by the Inspector of Weights and Measures each summer, and rarely are there more than minor matters requiring attention. In 1935 the maximum error was 4 ozs. on full load.

D. Numbers of Children.—The numbers of children examined in the different groups during the twenty-seventh round of the schools are set out in the following statement :—

No. of Children on the registers of departments—38,201.

Children Examined.

A Code Groups.

Entrants	...	...	...	4,191	
Intermediates	...	...	...	4,141	
Leavers	...	...	...	3,493	
				—	11,825

B Specials.

Re-examinations	...	...	6,626	
less examined as routine	570	
			—	6,056
New Specials (not routine)	379	
			—	6,435

Total children examined	18,260
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In the following statement are set out the percentages of children in average attendance examined in the three code groups year by year together with the birth-rate five years previously :—

		<i>Birth-rate.</i>	<i>Percentage on average attendance.</i>		
			<i>Entrants.</i>	<i>Intermediates.</i>	<i>Leavers.</i>
1919-20	...	18.0 (1915)	15.2	12.4	14.2
1920-21	...	17.9 (1916)	12.1	11.3	10.7
1921-22	...	14.7 (1917)	9.9	11.3	10.2
1922-23	...	15.2 (1918)	9.9	11.5	10.3
1923-24	...	16.4 (1919)	11.1	11.2	10.4
1924-25	...	23.8 (1920)	13.0	11.3	10.0
1925-26	...	19.9 (1921)	14.6	9.0	11.7
1926-27	...	18.5 (1922)	13.4	9.15	11.0
1927-28	...	18.0 (1923)	13.95	11.8	10.4
1928-29	...	16.6 (1924)	13.5	14.9	9.6
1929-30	...	16.7 (1925)	13.2	13.9	7.7
1930-31	...	15.9 (1926)	12.2	13.0	7.7
1931-32	...	14.9 (1927)	13.0	12.9	10.2
1932-33	...	14.8 (1928)	11.05	11.7	11.1
1933-34	...	15.0 (1929)	11.8	11.9	12.02
1934-35	...	14.6 (1930)	12.2	12.1	10.2

Findings of Inspection.

4,629 children were reported to be free from defects (other than minor decay in one or two teeth).

The numbers in the following table, which accord very closely to those presented in previous years, shew the defects found amongst the remaining 7,196 children. Nearly half of these are dental decay and obstructive condition of the nose and throat,

not necessarily serious in all cases. All defects are, however, noted so that the individual children may be kept under observation at subsequent visits to the Schools.

	<i>Entrants.</i>		<i>Intermediates.</i>		<i>Leavers.</i>		<i>Total.</i>	
Numbers examined ...	4,191		4,141		3,493		11,825	
	No.	%	No.	%	No.	%	No.	%
Nose and throat ¹ ...	1,224	29.2	786	19.0	453	13.0	2,463	20.8
Teeth (over 3 decayed) ...	1,398	33.4	995	24.0	227	6.5	2,620	22.1
Heart trouble ...	49	1.2	60	1.4	74	2.1	183	1.5
Glandular enlargement	577	13.7	511	12.3	344	9.9	1,432	12.1
Vision (6/12 and worse								
R. eye) ...	20	2.2*	184	4.6*	180	5.2*	384	4.5*
External eye ...	138	3.3	157	3.8	103	2.9	398	3.4
Defective Hearing (R.)	20	.5	45	1.1	21	.6	86	.7
Ear Discharge ...	81	1.9	56	1.3	36	1.3	173	1.5
Skin diseases ...	59	1.4	39	.9	52	1.5	150	1.3
Deformities ...	146	3.5	104	2.5	96	2.7	346	2.9
Bronchial catarrh ...	89	2.1	43	1.0	13	.4	145	1.2
Anæmia ...	8	.2	9	.2	5	.1	22	1.2
Others ...	42	1.0	56	1.3	89	2.5	187	1.6

* Proportion calculated on the numbers of children whose vision was tested.

A. Nutrition.

In the report for 1935 a special note on Nutrition was included, and a chart was given based on records obtained during the period 1909-1924. The chart contained a series of six curves representing the proportions of children reported year by year as being (a) above average, and (b) below average. It was noted that every one of the six sets of curves followed the same general tendency, namely (a) an increase in the proportion "above average" up to about 1918-20, followed by a sudden fall and then a slow steady rise for 12 years up to 1934, and (b) a somewhat similar rise in the proportion "below average" to about 1914 for entrants and 1916 for leavers, followed by a level or falling line for 4 or 5 years and a succeeding slight fall to 1934.

On 31st December, 1934, the Board of Education issued a Circular (Administrative Memorandum, No. 124) asking that in future the children should be classified in the various age groups under four headings:—(i) Excellent nutrition; (ii) normal; (iii) slightly sub-normal and (iv) bad.

The analysis of the findings for 1934-5, which deal with 11,825 children, show that there has been a slight fall in the number of children shown as "excellent" or "normal" in each group, with the exception of female intermediates and male leavers, whilst the number of "slightly sub-normal" or "bad" have shown a tendency

to rise in all groups. On the whole the variations are slight, and are probably due to the personal equation on which the observations depend.

B. Uncleanliness.—The general improvement which has been noted for many years past continues as will be seen in the following summary which deals with the examination of the heads of the children by the nurses :—

			<i>No. of</i>		<i>Children.</i>		<i>Percentage</i>
			<i>Examina-</i>	<i>tions.</i>	<i>No.</i>	<i>No.</i>	
			<i>Departments</i>		<i>examined.</i>	<i>infected.</i>	<i>infected.</i>
			<i>visited.</i>				
1916	...	...	251	39,582	26,175	4,257	16.3
7	...	...	249	31,197	22,192	3,445	15.5
8	...	...	276	31,480	24,854	3,172	12.8
9	...	...	239	25,067	19,378	2,299	11.9
1920	...	...	370	42,433	32,705	4,627	14.1
1	...	...	491	53,213	41,947	5,832	13.9
2	...	...	516	53,177	43,540	5,122	11.8
3	...	...	579	54,737	47,276	4,911	10.4
4	...	...	597	58,065	49,822	5,108	10.3
5	...	...	669	63,062	54,650	5,310	9.7
6	...	...	692	64,015	57,530	4,816	8.3
7	...	...	672	61,756	55,452	3,842	6.9
8	...	...	731	65,121	60,188	4,321	7.2
9	...	...	734	68,033	62,442	4,228	6.8
1930	...	...	741	69,330	62,551	4,253	6.8
1	...	...	798	72,852	66,331	3,932	5.9
2	...	...	753	72,194	67,202	3,595	5.3
3	...	...	778	77,054	71,311	3,651	5.1
4	...	...	778	78,052	68,835	3,188	4.6
5	...	...	753	71,533	66,966	2,886	4.3

Cases of gross infection are now rare, and it is encouraging to observe that the number of exclusions in 1935 on account of this condition—226—was the lowest on record. In three instances only was it found necessary to institute proceedings against the parents during 1935, fines being inflicted in two cases and proceedings being withdrawn in one case as the child's condition had been remedied.

A summary of the official work during 1935 is given in Table B at the end of this report.

C. Dental Defects.—Dental Inspection and Treatment were first commenced with one dentist in 1915 : the work was interrupted for a short period during the war but was resumed with two whole-time dental surgeons in 1919. The staff was enlarged by the addition of a lady dentist in April, 1928, and by another in September, 1931, when the Maternity and Child Welfare Committee commenced their scheme for mothers and young children.

For many years, only children aged 6—10 years came under review, but in 1926 “ five year olds ” were included and in 1927 the upper limit was raised to 11 years. In the Secondary Schools the inspection and treatment are limited to children on admission to School. Though they conduct their work under difficult conditions, the success achieved by the County Dentists in gaining the confidence of the parents and children is evidenced by the steady increase in the acceptance of treatment from 54% in 1915-16 to 78% in the last few years.

The deficiencies in this service are two,—one, that examination and treatment cease at 11 years of age and two, that the work has to be conducted under more or less make-shift conditions. All concerned deplore the present limitation of age and in order that all children in the Elementary Schools might have the same advantage at least two further County Dentists would be required : if the same advantage were extended to all Secondary School children the assistance of a further dentist for part-time would be necessary.

It will not be practicable to make the conditions of work satisfactory until there is a suitable room available at every school with a water supply and wash-basin.

Details of the numbers of inspections and treatments are given in Tables IV and C at the end of the report.

Arrangements for following-up children with Defects.

In previous reports an extended account has been given of the means employed in the County for providing treatment for defects found at Medical Inspection. No material changes have been made in the arrangements which include :—

1. The School Medical Inspectors make out lists of children needing attention after each visit to the school.
2. The lists are sent to the School Nurse, Children's Care Committee (where there is one) or to the Official Correspondent.
3. Reports on the respective cases are received, generally from the Nurses shortly after each inspection.
4. Reports are made monthly with a view to each case receiving appropriate treatment.

5. In the comparatively few cases that these methods of persuasion have failed, the Inspectors of the National Society for the Prevention of Cruelty to Children are often successful, and the assistance so willingly given by them is greatly appreciated by all interested in the welfare of the children.
6. Review of all "referred" children at the subsequent visits of the School Medical Inspectors.

Satisfactory results from the system of medical inspection are dependent upon the provision of treatment for defects discovered and, from the reports received from nurses by the end of the year, the number of untreated cases had been reduced from 1,302 to 471. The most complete evidence of the results is given in the succeeding survey of the children by the School Medical Inspectors : the summary of their reports is :—

Children with defects—							
From previous year	...	...	...	...	...	2,561	
New cases	...	...	...	...	...	1,591	
Total	...	...	...	...	...		4,152
Treated—							
Under Scheme of Council	...	...	...	...	...	2,312	
Otherwise	...	...	...	...	...	1,581	
Remedied	...	...	...	...	...	1,197	3,893
Improved	...	...	...	...	...	2,074	
Little or no change	...	...	...	...	...	622	
Untreated	...	...	...	...	...		3,893
							259

In addition to the above, considerable numbers of home visits are made by the Medical Inspectors and Nurses for the purpose of examining physically and mentally defective children and obtaining particulars of home conditions of certain cases.

Arrangements for Treatment.

The facilities available for the treatment of defects include :—

- (1) Usual Medical Attendants.
- (2) Hospitals.
- (3) Arrangements under the Scheme for the Extension of Medical Services, with 18 Out-Stations.
- (4) Dental Surgeons—four whole time, shared with the Maternity and Child Welfare Committee.
- (5) Nurses.
 - (a) 137 District Nurses.
 - (b) 4 Dental Nurses (whole time).
 - (c) 3 Orthopædic Nurses (whole time).

The places now available include the General Hospitals in Bristol, Cheltenham and Gloucester, the smaller Hospitals at Almondsbury, Berkeley, Chipping Sodbury, Cirencester, Fairford, Lydney, Stroud, Tewkesbury, and Wincheombe, rooms in the Northleach Institution and special buildings at Bourton-on-the-Water, Chipping Campden, Cinderford, Coleford, Dursley, Hambrook, Newent, Soundwell, Thornbury and Wotton-under-Edge.

There remain more or less sparsely populated areas for which the cost of similar provision in the way of a special treatment centre would scarcely be justifiable. It would be practicable, however, to arrange reasonable accommodation by agreement with the Committees of District Nursing Associations for a treatment room in the Nurse's Home : such a room has been arranged in the Nurse's Homes at Lechlade and Nailsworth, and would be very useful in other places.

The general progress of the work with respect to school children is indicated in the following summary in alternate years.

	1927.	1929.	1931.	1933.	1935.
No. of Out-Stations ...	12	12	15	18	18
Openings of Out-Stations:					
Routine	571	575	710	817	880
Intermediate	501	811	993	941	1,068
Cases seen	3,394	4,173	4,714	4,847	5,998
Attendances	8,618	12,545	14,392	14,956	18,449
Average attendance at					
Routine openings ...	9.0	11.4	10.7	10.3	10.7
Specialist cases :					
Vision	1,048	1,313	1,653	1,724	1,930
Ear, nose and throat ...	1,260	1,520	1,869	1,492	1,568
Orthopædic	140	238	359	620	671
Throat operations ...	717	909	849	720	827
Spectacles obtained ...	581	737	791	882	898

Orthopædic Treatment.

This branch of work was added to the scope of the County Scheme of Medical Treatment in 1925, and was undertaken at first by one part-time Orthopædic Surgeon and one Orthopædic Nurse, with the use of six beds in the Cheltenham General Hospital. In 1929 a second Nurse was appointed and in the following year, the arrangements were enlarged on the lines of the general treatment scheme, and in-patient accommodation was provided in each of the three large General Hospitals serving the County. During 1935 a third Nurse was appointed.

The scheme covers the range of treatment well. Both surgical and nursing arrangements are probably as complete as they can be in a large county area, and the provision of operative treatment in the large hospitals is satisfactory. Greater advantage has been taken of the arrangements for cases that require prolonged hospital treatment, and no less than nine children were admitted during the year to the Winford Orthopædic Hospital where educational facilities are available. Also, one child in the early stages of infantile paralysis was admitted to the Wingfield-Morris Orthopædic Hospital. During the year the Education Committee arranged for the admission of two children to the Heritage Craft Schools at Chailey, where they will be taught a trade suitable to their condition. It is this branch of the work that should be developed and it is urged by the Board of Education in their Circular 1444 of 6th January, 1936, in which they desire Local Authorities to consider the adequacy of the provision of places in orthopædic hospital schools for children who require long periods of treatment. It is in this direction that there is room in this County for useful development.

The general arrangements which have now been in operation for six years include :—

In-Patient Treatment.

Cheltenham General Hospital	} equivalent of twelve beds.
Gloucestershire Royal Infirmary and Children's Hospital	
Bristol, Winford and other special Hospitals	

Out-Patient Treatment. Clinics at Out-Stations.

Quarterly by Orthopædic Surgeons.

- Cheltenham Hospital Area—Mr. J. S. Robinson.
Chipping Campden, Cirencester, Fairford, Stroud and Tewkesbury.
- Gloucester Hospital Area—Mr. J. F. H. Stallman.
Berkeley, Cinderford, Coleford, Lydney and Newent.
- Bristol Hospital Area—Dr. Ethel M. Redman.
Chipping Sodbury, Soundwell and Thornbury.

Weekly by Orthopædic Nurses.

- Miss D. A. Rodenhurst—Chipping Campden, Cirencester, Fairford, Northleach and Tewkesbury.
- Miss J. Shepherd—Berkeley, Chipping Sodbury, Dursley, Soundwell, Stroud, Thornbury and Wotton-under-Edge.
- Miss E. G. Bowden—Cinderford, Coleford, Lydney and Newent.

The summary of the conditions for which children of all ages were treated—apart from tubercular defects which are treated by the Joint Committee for Tuberculosis—during 1935, is as follows :—

Paralytic.—

Infantile Paralysis	...	...	...	...	...	77	
Facial Paralysis	...	...	...	...	...	2	
Spastic Paralysis	...	...	...	...	...	28	
Erb's Paralysis	...	...	...	...	...	3	
							110
Rickets	...	...	...	...	...	...	11
Spine—Scoliosis and Kyphosis	...	...	...	...	...	...	98
<i>Hip Joint</i> —							
Congenital dislocation	...	...	...	...	...	14	
Perthe's Disease	...	...	...	...	...	4	
Coxa Vara	...	...	...	...	...	1	
Others	...	...	...	...	...	3	
							22
<i>Knees and Legs</i> —							
Bow Legs	...	...	...	...	...	70	
Knock Knees	...	...	...	...	...	93	
Shortening of Leg	...	...	...	...	...	—
Others	...	...	...	...	...	36	
							199
<i>Feet</i> —							
Flat Foot	...	...	...	...	...	279	
Club Foot	...	...	...	...	...	17	
Pes Cavus	...	...	...	...	...	20	
Hammer Toes	...	...	...	...	...	20	
Others	...	...	...	...	...	58	
							394
<i>Hare Lip and Cleft Palate</i>	...	...	...	...	...	...	11
<i>Various</i>	...	...	...	...	...	...	81
							926

The following table gives evidence of the development of the work done by the Surgeons and Nurses :—

<i>Out Station.</i>		<i>For examination by Surgeon.</i>		<i>For treatment by Nurse.</i>	
		1927.	1935.	1927.	1935.
Berkeley	...	74	111	217	314
Chipping Campden	...	69	51	220	139
Chipping Sodbury	...	—	82	—	196
Cinderford	...	125	152	234	689
Cirencester	...	120	124	228	379
Coleford	...	—	132	—	708
Fairford	...	—	63	—	82
Lydney	...	59	263	75	499
Newent	...	—	81	—	417
Northleach	...	—	—	—	78
Soundwell	...	—	102	—	344
Stroud	...	—	154	—	382
Tewkesbury	...	62	83	322	486
Thornbury	...	32	56	46	248
Wotton-under-Edge	...	—	—	—	160
Totals	...	541	1,454	1,342	5,121

Anterior Polio-myelitis (Infantile Paralysis).

A very unusual feature during the year was the occurrence of a group of cases of this disease in the north-east of the County and a smaller group in the Forest of Dean, both in autumn.

This disease was added to the list of those compulsorily notifiable on the 1st September, 1912, but up to the present year the cases reported in this County have been few. The actual numbers year by year have varied from none in 1922 and 1933 to 9 in 1929, 10 in 1915 and 1917 and 11 in 1916. The cases have been widely scattered except for the greater number in 1916 and 1917 : those in 1929 occurred in 5 districts, 1915 in 5 districts, 1917 in 4 districts (6 cases in Cheltenham M.B.) and 1916 in 2 districts (10 in Cheltenham M.B.). The 16 cases occurred in Cheltenham when troops were billeted there in considerable numbers and this was the only known considerable group of cases in the County during the past twenty-three years until July of this year.

The notes of the Medical Officer of Health (Dr. Garrett) on this group are :—

1916. “ Of this disease there was a small outbreak in August
“ with following cases in September and October, numbering
“ 10 in all. There was one death. Most of the others were
“ mild cases and recovered with slight persistence of para-
“ lysis. The cases for the greater part affected one-quarter
“ of the town though being in different streets. The same
“ quarter has had cases previously.”

1917. “ Of this disease we had six notifications, three of them
“ being College boys resident in two different houses and one
“ of them died. The other three cases were casual cases not
“ connected with each other and neither died. The ages of the
“ cases varied between 2 and 17 years : 4 were boys, 2 girls.
“ The cases all occurred between 7th September and 25th
“ October and on former occasions the disease has here showed
“ the same marked predilection for the late summer and autumn
“ seasons. In 1916 we had 10 cases between 10th August and
“ 29th October, the oncoming cold weather appearing to put
“ an end to the disease. The spread is so insidious and its
“ means so uncertain as to render it particularly difficult to
“ apply effective preventive measures. The fact of the cases
“ occurring rather at a considerable distance apart than close
“ together seems to indicate an insusceptibility on the part of
“ most people, as if the disease is infectious as one commonly
“ understands the term, it is rational to suppose that proximity
“ would lead to the liability of spread but for such saving
“ insusceptibility.”

Up to 11th July in the present year only one case had been reported, on 26th January in the Cheltenham M.B. On that day a boy of 2 years was notified from Lower Swell in the North Cotswold Rural District. About the same time the numbers of cases notified in England and Wales rose suddenly from 7 or 8 a week, to 18 in week ending 27th July, and 30, 37, 34 and 35 in the succeeding 4 weeks.

After the Lower Swell case there was an interval of nine days, when another case occurred followed by a group of 6 cases a week later ; during the subsequent five weeks 18 more cases were notified. There was then an interval of five weeks before the last 2 cases of this group occurred, a week after one another. In the latter part of this period sporadic cases appeared in quite different parts of the County,—2 in East Dean, 5 in West Dean, 1 in Lydney and 1 in Mangotsfield. The total cases were 37.

The 28 cases were distributed over seven parishes, namely :—

Longborough	...	...	...	...	...	12
Lower Swell	...	...	...	...	...	4
Stow-on-the-Wold	...	...	...	...	...	6
Bourton-on-the-Water	...	...	...	...	...	3
Condicote	...	...	...	...	...	1
Donnington	...	...	...	...	...	1
Moreton-in-the-Marsh	...	...	...	...	...	1

On the occurrence of the first cases in the North Cotswold Rural District, Dr. J. E. Jameson, the Medical Officer of Health, advised local practitioners of their existence and arranged for their treatment in the Delancey Hospital at Cheltenham. Other measures which he took included the provision of tents to relieve overcrowding in three infected houses, clearing of refuse, consultation over suspects, stopping children from infected parts being conveyed to schools in neighbouring places and the engagement of a nurse to attend a few cases left in their houses.

On the 12th August a general account of the events up to that time was sent to the Ministry of Health and Dr. W. Vernon Shaw, Medical Inspector, visited the affected villages with Dr. Jameson and Dr. Morris Jones on the 14th August and subsequent dates. He saw the patients both at Delancey Hospital and those in their own homes. In two instances the diagnosis which was already in doubt was revised. At a visit to Gloucester on the 26th August we discussed fully all the circumstances and the only additional measure suggested was a survey of all the children who were absent from school for periods during June and July with a view to the detection and treatment of any mild unrecognised cases amongst them which may have signs of paralysis of muscles. This survey was arranged for Tuesday, the 3rd September.

Dr. T. F. H. Blake then visited the six schools which were mainly affected and saw all the children who had been absent for periods in June or July,—66 in number. The causes of absence proved to be the minor ailments from which children suffer, and Dr. Blake concluded, “I saw no signs of any of these children having suffered from Anterior Polio-myelitis.”

The group of 28 North Cotswold cases consisted of 22 boys and 6 girls ; their ages ranged from 8 months to 20 years, all but three (aged 15, 17 and 20 years) being thirteen years or younger. Sixteen cases were removed to the Delancey Hospital, Cheltenham, and twelve were treated at home. One boy whose breathing was difficult at an early stage was taken to the Wingfield-Morris Orthopædic Hospital to be treated in the Drinker Respiratory Chamber and a girl who developed similar trouble in the Delancey Hospital was transferred to the Wingfield Hospital for this treatment. The boy did well for a time but died suddenly owing to oedema of the lungs ; the girl is still in the Hospital and is doing fairly well.

The summary of the present position is as follows :—

Re-diagnosed	...	...	...	...	...	2
Quite well	...	...	...	...	...	9
General debility but no paresis	...	...	...	...	...	3
Some paresis	...	...	...	...	...	9
Considerable paresis	...	...	...	...	...	3
Died	...	...	...	...	...	2
						—
						28
						—

Most of the children requiring treatment are receiving it under the County Orthopædic Scheme and arrangements were made privately for the admission of three children (R.S., E.W. and C.S.) to the Lord Mayor Treloar Homes at Alton.

The eight cases in the Forest of Dean (including a girl not notified) appear to have been of a more serious type ; three children (including a boy who returned to London) died, three have considerable paralysis and two less severe trouble.

In the course of a visit to the Wingfield-Morris Hospital on 27th August we saw a girl (M.T.), a former pupil of the Chipping Campden Grammar School, who was notified as suffering from Anterior Polio-myelitis on 8th December, 1932, and was transferred to Oxford from the Delancey Hospital ; her home is at Icomb, in the same district as the North Cotswold group of cases of this year. She looked well but still has considerable paralysis of her lower limbs as well as some weakness of the arms.

The experience above recorded is unique in the history of the County, so far as records are available, and there has been considerable speculation as to the factors which account for it. An early suggestion was that it was due to the prolonged, very dry weather and the scattering of dust, especially from domestic refuse, of which there were many collections in the parishes in the North Cotswold district. But these conditions prevailed not only in the seven parishes in which cases occurred in the North Cotswold district with a population of about 16,000 and in the Forest of Dean (with about 34,000 persons) where eight cases were reported, but also in most parts of the County with a population of nearly 340,000.

Other suggestions are :—

(1) The disease is very little infective and it is when for some reason or other an individual is very susceptible that he contracts the infection and develops illness.

(2) The infection is very general. But very few persons show any signs and only a very small proportion have observable illness. Rarely is the illness severe.

The latter is, I am informed, the opinion in Canada, where Anterior Polio-myelitis is comparatively common. Even assuming this view represented the true facts, the sporadic incidence of illness and the few cases that occur are still unexplained, and it would appear that it must be accepted that our knowledge of the matter is extremely limited.

Heart Affections.

The arrangements made for the examination of children with signs of disease of the heart, by the six Physicians working in connection with the Scheme of the Bristol University Centre for Cardiac Research, still continues, and such examinations have been found very helpful in obtaining information as to the appropriate care to be given to the respective children. One striking feature of the examinations is that many children have been able to carry on their ordinary life who otherwise would probably have had their activities reduced considerably. Dr. Collins, one of the Physicians, observes :—

“ The two most important results to the children from these
 “ examinations are—(1) That the existence of a valvular lesion
 “ of the heart need not necessarily prevent a child from taking
 “ part in games and physical drill. (2) The fact that a child
 “ has a heart seriously damaged is not in itself a reason why

“ the child should be kept from school, but rather a very definite reason why it is even more important that such a child should attend school than a healthy child that would be able to earn a living by physical apart from mental labour.”

During 1935 the Physicians held 14 sessions at 8 Out-Stations and conducted 128 examinations, 39 of the children being new cases. Of the 39 new cases, 17 were regarded as having rheumatic heart disease, 4 as congenital heart disease, and 18 as having no organic disease : 36 were allowed to attend school, 24 without restriction of physical exercises, etc.

Infectious Diseases.

All cases of definite or suspected infectious disease are reported simultaneously to the District Medical Officer of Health for the area in which the child or children reside, and to the School Medical Officer.

On the whole there was a very low prevalence of infectious diseases during 1935. The number of children excluded on account of Diphtheria (231) was about the same as in the previous year, but there was a considerable fall in the number excluded on account of Measles (1,460). On the other hand, German Measles (709) showed an increase, being the highest since 1926. 1,373 children were notified as suffering from Chicken Pox, about the same as last year, and the numbers who were absent on account of Whooping Cough (500) and Mumps (571) were very low compared with previous years.

One very satisfactory feature was the fact that the number of children absent on account of Ringworm (69) was the lowest on record but, unfortunately, owing to a few long resistant cases at Stroud, the average number of attendances lost per case was higher than for a number of years, viz., 67.9. The cases in question have now had X-ray treatment at the Cheltenham General Hospital and the children, with one exception, have resumed attendance at school. 229 children were excluded owing to Impetigo and 20 children on account of Scabies.

During the year 4 schools were closed on medical grounds. Certificates were given in respect of 58 departments where the average attendance fell below 60% owing to the prevalence of infections. The certificates covered 149 weeks.

Open-Air Education.

Playground Classes are encouraged and are held at the discretion of Head Teachers.

The Gloucester District Committee of Toc. H. organised Camps at Earl Bathurst's Park, Cirencester, during the summer holidays of 1935. Encouraged with the success of former efforts, arrangements were made this year for two Camps, one for about 200 boys from 12th to 22nd August and another for about 200 girls from 22nd to 31st August. The majority of the children were drawn from the distressed area of the Forest of Dean and about 40 to 50 of each from Gloucester and Cheltenham, the balance of 60 children being taken from other parts of the County. The Education Committee made a grant of £40 towards the cost of the arrangements.

There are no open-air schools in the County, except at Standish House Sanatorium where considerable accommodation has been provided for the treatment and instruction of 120 children, including 19 with surgical tuberculosis.

Physical Training.

The Education Committee have given consideration to the possibility of engaging an Instructor in Physical Training and provision has been made in the estimates for such an appointment as from 1st September, 1936. The gain to child health and development by properly instituted and adequately controlled physical instruction is very great, and the adoption of a scheme in Gloucestershire will no doubt have many beneficial results.

The Secretary for Education reports that two Courses of Instruction in Physical Exercises, based on the latest Syllabus of the Board of Education, were arranged for School Teachers by the Committee at Dursley during 1935, and a large number availed themselves of the opportunity of attending. In addition, it is understood that a number of classes have been arranged independently by local branches of the National Union of Teachers.

Provision of Meals, etc.

In the Annual Report for 1934 full details were given of the scheme which was inaugurated on 1st March, 1934 and enlarged on the introduction of the scheme of the Milk Marketing Board in October of the same year. The method of administering the scheme has not changed.

Three hundred and twenty-six departments are now participating in the scheme and 19,060 children were taking milk daily in February, 1936, of these 2,660 are supplied at the cost of the Committee. Children who are receiving a free supply are seen specially at the times of the visits of the doctors to the schools and a certificate is then given as to whether or not in their opinion the children are "unable by reason of lack of food to take full advantage of the education provided . . . in accordance with the interpretation of this condition given by the Board of Education in Clause 3 of Circular 1437 of 5th September, 1934."

The initiative and responsibility for arranging milk supplies are with the schools, and the schools, usually through the head teacher, enter into contracts for supply. Arrangements have been made to test the condition of the milk and for the examination of the cattle and inspection of the places of production. In this connection the following procedure is adopted :—

1. The herds are inspected twice yearly by the Veterinary Surgeons under arrangements made by the Diseases of Animals Sub-Committee.
2. Reports on the farms of production are obtained from the Medical Officers of Health for the respective districts.
3. Samples of milk are taken at the schools by the Sanitary Inspectors and are examined in the Laboratories of the Bristol University, Gloucester and Cheltenham General Hospitals respectively.

In very few schools has it proved possible to arrange for children to be supplied with a hot meal daily at a small charge, but special provision along these lines has been made at the Abenhall, Berkeley, Stroud Central Boys' and Girls' Schools respectively where children are drawn from neighbouring villages.

Baths for Children.

Each year since 1921 a note has been included on the special bathing arrangements which have been made at Tewkesbury. The facilities which have been provided by the Town Council for children to use the baths free of charge on Saturdays have been fully appreciated as shown by the attendances for the year ended 31st December, 1935. 1,384 children used the baths under these arrangements.

Baths are available also at Coln St. Aldwyns and Hatherop, but the Head Teacher at the former place reports that the children do not make use of the baths provided, and, at Hatherop, only 3 boys and 2 girls took advantage of the arrangements.

These observations show that there is an almost unbroken field for work by the Education Committee. Doubtless, part of the reason that so little use is made of the baths in these two villages is that there is a small charge for their use and this is indicated by the numbers taking advantage of the free baths at Tewkesbury. The provision of baths at schools where central heating is available and their maintenance would not entail a vast expense and would have a considerable educational value in the matter of cleanliness.

Co-operation of Parents, Teachers, School Attendance Officers and Voluntary Bodies.

A notice is sent to all parents inviting their presence at the routine medical and dental inspections, and a special effort is always made to get the parents of seriously defective children to attend.

The valuable help afforded by Head Teachers and their Assistants continues. Their active co-operation is essential for success in obtaining the maximum benefit from both the medical and dental services. The assistance given at the time of medical and dental inspections is extended in connection with following up and securing treatment.

The assistance of School Attendance Officers and Children's Care Committees is much appreciated and is often most helpful.

Valuable help is given by the Inspectors of the National Society for the Prevention of Cruelty to Children in the special cases referred to them.

Blind, Deaf, Defective and Epileptic Children.

Children presenting these defects are reported to the Committee as they come to light. The numbers in 1935 are included in the return of all exceptional children in the area given in Table III at the end of this report.

Blind Children.—The number of blind children between the ages of 7—16 at present maintained at Special Schools is 9. There are also 4 children under the age of 7 years on the County register of blind and these cases are kept under observation. One of the children has been admitted to the Sunshine Home at East Grinstead.

Institutional cases on attaining the age of 16 years are offered, if suitable, further training and the Committee were maintaining two boys and two girls under their voluntary powers during 1935.

So far special provision has not been made for “ partially blind ” children and, under present conditions the best that can be done is to give them as favourable a position in school as possible.

The Committee considered, during 1935, the case of a boy who had recently come to reside in Gloucestershire, and, as had been done in the County from which the family came agreed to make a grant of £26 per annum towards the cost of employing a tutor for education and training in his own home. The boy is totally blind and unable to walk without assistance.

Deaf Children.—Provision has been made by the Committee for sixteen children in the following Special Schools for the Deaf :—

Royal Institution for the Deaf, Edgbaston	...	...	...	7
Royal Institution for the Deaf, Exeter	...	...	...	3
Carlton Park Special School, Bristol	...	...	...	6

There are also two children under observation who have not yet reached 7 years of age and one awaiting admission to a Special School as soon as the necessary arrangements can be made.

The Maternity and Child Welfare Committee have made provision for the training of two children under the age of five years, and the Education Committee have agreed to continue the maintenance of the children under their voluntary powers, from the time they reach five years of age.

Mentally Defective Children.—The number of children on whom full reports were made during 1935 was 41, the total number to 31st Decmber being 977. The following statement is a brief summary of the results :—

	<i>Total number examined.</i>			<i>Number 7-16 yrs. on 31st Dec., 1935.</i>	<i>Dead or Left County</i>	<i>Number over 16 yrs. on 31st Dec., 1935</i>
	<i>To 31st Dec., 1934.</i>	<i>1935.</i>	<i>To 31st Dec., 1935.</i>			
Children suitable for						
Instruction in a						
Public Elementary Sch.	146	3	149	36	30	83
Special Class ...	158	8	166	42	44	80
Special Day School ...	94	—	94	14	22	58
Special Res. School ...	343	24	367	78	90	199
Other Special Schools...	22	—	22	2	5	15
Children unsuitable for						
Instruction in a						
Special School ...	173	6	179	30	73	76
Total children specially examined ...	936	41	977	202	264	511

The children unsuitable for instruction in a Special School were referred to the Joint Committee for the Mentally Defective. Arrangements are made for the periodic visitation in their homes of all mentally defective children who are not in attendance at public elementary or special schools, and the reports received from the nurses on these children are considered quarterly.

In the past great difficulty has been experienced in making suitable provision for educable children owing to lack of accommodation in Residential Schools and insufficient space and staff in the ordinary elementary schools for the establishment of classes for dealing with the high-grade and dull and backward children. At Kingswood only has it proved possible to arrange a special class for backward children.

The opportunities in this County have recently been enlarged in that the Committee of Stoke Park Colony in the south of the County have consented most kindly to secure the approval of a part of the Colony by the Board of Education so that educable Gloucestershire children may have the benefit of education in a special school. This is an exceptional advantage, especially as it enables the children to be trained in the same institution in which their training, in suitable cases, will be continued by the Joint Committee for the Mentally Defective. The arrangements were not completed in time to allow of the admission of children during 1935 but three children were transferred from a Public Assistance Institution early in 1936 and two others from their own homes.

The Committee are also maintaining four boys at other Special Schools in the County.

Epileptic Children.—The number of children examined by the School Medical Inspectors and reported to suffer from epileptic fits is 23, 15 being in attendance at a school and 8 suffering so seriously as to make it desirable they should not attend. There are 2 other children not in attendance at any school awaiting examination as opportunity offers.

The Education Committee are maintaining 1 child, who had hitherto been maintained at the instance of the Public Assistance Committee, at the Chalfont St. Peter Colony for Epileptics. Arrangements were also made early in 1936 for the admission of another child to this Colony.

Defective Children not in attendance at School.

The following is a summary of the register, compiled mainly from the returns of School Attendance Officers, of children not in attendance at School, and of the conditions :—

	Age	5	6	7	8	9	10	11	12	13	Total.
Mentally Defective ...		5	2	5	10	2	5	2	7	2	40
Cripples ...		2	—	1	3	—	1	—	1	1	9
Paralysis ...		—	—	—	1	—	1	—	—	—	2
Delicate ...		1	3	2	1	—	—	—	1	3	11
Tuberculosis ...		—	1	2	1	—	1	1	3	2	11
Blind (or partially) ...		—	1	—	—	—	—	—	1	1	3
Deaf and Dumb ...		—	2	1	—	—	—	—	—	—	3
Heart affection ...		1	—	—	1	2	3	—	—	2	9
Epileptics ...		—	1	2	—	2	1	—	—	4	10
Other Defects ...		7	2	2	—	2	5	—	3	—	21
Totals ...		16	12	15	17	8	17	3	16	15	119

Efforts are made to get the children into convenient schools for medical examination, and nearly all of them have been seen either in the schools or in their own homes. Endeavours are made to secure the effective treatment of physically defective so that the respective children may have the advantage of education as far as practicable. One cripple child is being taught handicrafts in her own home.

Full-time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Students.

In view of the satisfactory reports on the progress of four children attending Special Schools for the Blind, the Committee have agreed to continue their technical education for two years after they attained 16 years of age.

No courses have been maintained by the Authority during the year, but arrangements are made, through the agency of the County Association for the Blind so that students who have passed through Special Schools are visited and appropriate consideration given to their individual circumstances, and their employment in suitable work on leaving Special Schools.

Arrangements are also made with the Missioners for the Deaf in the Gloucester Diocese and the area in the neighbourhood of Bristol for the after-care of children and they have been very successful in securing their placement in work suited to the individual circumstances.

Nursery Schools.

No Nursery Schools are in existence in this County so far as is known.

Miscellaneous Work.

Amongst other work undertaken during 1935 was the following :—

1.—Twenty-four pupil teachers, etc., were examined and were classed as follows :—

A	1.—Free from physical defect	...	...	...	...	21
A	2.—In good health, but with some defect not likely to shorten the full term of service	...	...	...	...	2
B	1.—In good health, but with some permanent defect likely to shorten the full term of service	...	...	...	...	—
B	2.—In good health, but with some defect likely to interfere to some extent with efficiency	...	...	...	...	—
B	3.—Temporarily in sub-normal health, but may make a good recovery	...	...	...	...	1
C	—Those whose physical condition is such as to make them unfit for the teaching profession	...	...	...	...	—

2.—Two specimens of hair were examined for the spores of ringworm, which were found in one case.

Secondary Schools.

Inspection.—The routine inspection of these children has continued during the year. In the County, there are 19 Secondary Schools, with an approximate total roll of 5,207 children. The examinations were undertaken by the two whole-time Medical Inspectors, Dr. Isabel Gordon and Dr. Blake.

The numbers of children examined, according to age and sex, are as follows :—

					<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Entrants	...	...	...	...	391	345	736
12-13 years	...	...	...	...	502	366	868
13-14	„	...	...	...	475	362	837
14-15	„	...	...	...	455	383	838
15-16	„	...	...	...	469	378	847
16-17	„	...	...	...	161	138	299
17-18	„	...	...	...	61	74	135
18-19	„	...	...	...	26	18	44
19-20	„	...	...	...	7	—	7
					2,547	2,064	4,611
“ Specials ” (excluding “ Routine ”)	...	...	...	...	394	456	850
<i>Totals</i>					2,941	2,520	5,461

Following-up and Medical Treatment.

In Secondary Schools no "following-up" of cases is undertaken by the School Nurses and the after supervision of the cases is undertaken by the Head Masters (or Mistresses) who are always most willing to co-operate and ensure that any treatment recommended by the Medical Inspectors is carried out.

491 cases were referred for special attention in 1935 and, by the time of the initial reports, 71 % had received treatment.

The treatment arrangements of the County Council apply to suitable cases among children attending Secondary Schools, and it is encouraging to note that, of 806 children referred for treatment during 1934, only 13 had been untreated by the time they came under review again in 1935. 513 children were treated under the County Scheme, and 280 otherwise. It is satisfactory to report that, as a result of the treatment given, 161 were regarded as remedied, and 537 as improved. In 95 cases the condition was regarded as unchanged. Of the 632 cases in which only improvement and no change was noted, 438 were defects of vision : in such cases suitable glasses would frequently not bring the vision fully up to normal and the children were therefore not included amongst those completely remedied.

Dental Inspection and Treatment.

In 1935, 7 schools were visited by Mr. Wakley, 5 by Mr. Wren, 3 by Miss Boal and 4 by Miss Crozier.

The inspection is still limited to children on admission to school, but treatment is also given to a few children who happen to require dental attention on these occasions : the number of such children in 1935 was 5. 32½ days were occupied in examining 887 children and in treating 451. The proportion of consents was 67.8% which is not so high as that among elementary school children. The aim of the dentists is to give conservative treatment as far as possible in all cases ; of a total of 865 treatments 496 were fillings, 86 dressings and 55 scalings of permanent teeth and only 42 permanent teeth were extracted. 7 dressings were given to temporary teeth and 179 temporary teeth were extracted as unsavable.

TABLE I.
RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	...	...	...	...	...	4,191
Second Age Group		...	...	...	...	4,141
Third Age Group	...	...	...	...	...	3,493
Total	...	...	...	...	...	11,825
Number of other Routine Inspections	...	...	...	...	...	—
Grand Total	...	...	...	...	...	11,825

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	1,877
Number of Re-Inspections	...	...	...	...	...	6,626
Total	...	...	...	...	...	8,503

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of Children in the prescribed Groups :—

Entrants	...	...	...	...	...	564
Second Age Group	...	...	...	...	...	559
Third Age Group	...	...	...	...	...	468
Total	...	...	...	...	...	1,591
Number of other Routine Inspections	...	...	...	...	...	—
Grand Total	...	...	...	...	...	1,591

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31st DECEMBER, 1935.

Defect or Disease.				ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
				No. of Defects.		No. of Defects.	
				Requir- ing Treat- ment (2)	Requiring to be kept under obser- vation, but not requiring Treatment (3)	Requir- ing Treat- ment (4)	Requiring to be kept under obser- vation, but not requiring Treatment (5)
(1)							
Skin	{	Ringworm :					
		Scalp	5	—	2	1	
		Body	5	—	3	2	
		Scabies	7	—	—	—	
		Impetigo	7	—	4	—	
		Other Diseases (Non- Tuberculous)	157	—	55	—	
Eye	{	Blepharitis	77	25	32	11	
		Conjunctivitis	1	1	3	—	
		Keratitis	—	—	1	—	
		Corneal Opacities	2	3	4	3	
		Other Conditions	37	26	17	7	
		Defective Vision (excluding Squint)	384	191	569	180	
		Squint	106	120	133	80	
Ear	{	Defective Hearing	53	33	31	19	
		Otitis Media	49	14	44	3	
		Other Ear Diseases	2	108	3	2	
Nose and Throat	{	Chronic Tonsilitis only	314	1,575	78	161	
		Adenoids only	181	123	22	22	
		Chronic Tonsilitis and Adenoids... ..	50	2	76	42	
		Other Conditions	—	887	28	21	
Enlarged Cervical Glands (Non- Tuberculous)			85	1,339	17	35	
Defective Speech			19	104	4	15	

TABLE II.—*continued.*

**B. — CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED
DURING THE YEAR IN THE ROUTINE AGE GROUPS.**

Age Groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly Subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	4,191	1,067	25.5	2,629	62.7	494	11.8	1	—
Second Age Group	4,141	1,266	30.6	2,305	55.6	569	13.8	1	—
Third Age Group	3,493	1,218	35.0	1,772	50.7	500	14.3	3	—
Other Routine Inspections	—	—	—	—	—	—	—	—	—
TOTAL	11,825	3,551	30.1	6,706	56.7	1,563	13.2	5	—

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

				Total
BLIND CHILDREN				
At Certified Schools for the Blind	..	..	..	9
At Public Elementary Schools	..	..	..	—
At other Institutions	..	..	..	2
At no School or Institution	..	..	..	3
		Total	..	<u>14</u>
PARTIALLY SIGHTED CHILDREN				
At Certified Schools for the Blind	..	..	..	—
At Certified Schools for the Partially Blind	..	..	..	—
At Public Elementary Schools	..	..	..	21
At other Institutions	..	..	..	—
At no School or Institution	..	..	..	—
		Total	..	<u>21</u>
DEAF CHILDREN				
At Certified Schools for the Deaf	..	..	..	16
At Public Elementary Schools	..	..	..	—
At other Institutions	..	..	..	—
At no School or Institution	..	..	..	2
		Total	..	<u>18</u>
PARTIALLY DEAF CHILDREN				
At Certified Schools for the Deaf	..	..	..	—
At Certified Schools for the Partially Deaf	..	..	..	—
At Public Elementary Schools	..	..	..	94
At other Institutions	..	..	..	—
At no School or Institution	..	..	..	—
		Total	..	<u>94</u>
MENTALLY DEFECTIVE CHILDREN				
FEEBLE-MINDED CHILDREN				
At Certified Schools for Mentally Defective Children	..	..	..	4
At Public Elementary Schools	..	..	..	57
At other Institutions	..	..	..	7
At no School or Institution	..	..	..	34
		Total	..	<u>102</u>

TABLE III.—*continued.*

EPILEPTIC CHILDREN					
CHILDREN SUFFERING FROM SEVERE EPILEPSY					
At Certified Special Schools	..	..	..	..	1
At Public Elementary Schools	..	..	..	..	15
At other Institutions	..	..	..	..	—
At no School or Institution	..	..	..	..	8
Total				..	<u>24</u>
PHYSICALLY DEFECTIVE CHILDREN					
A. TUBERCULOUS CHILDREN					
I. Children suffering from Pulmonary Tuberculosis.					
At Certified Special Schools	..	..	..	..	17
At Public Elementary Schools	..	..	..	..	7
At other Institutions	..	..	..	..	—
At no School or Institution	..	..	..	..	4
Total				..	<u>28</u>
II. Children suffering from Non-Pulmonary Tuberculosis.					
At Certified Special Schools	..	..	..	..	69
At Public Elementary Schools	..	..	..	..	83
At other Institutions	..	..	..	..	—
At no School or Institution	..	..	..	..	7
Total				..	<u>159</u>
B. DELICATE CHILDREN					
At Certified Special Schools	..	..	..	..	—
At Public Elementary Schools	..	..	..	..	62
At other Institutions	..	..	..	..	—
At no School or Institution	..	..	..	..	7
Total				..	<u>69</u>
C. CRIPPLED CHILDREN					
At Certified Special Schools	..	..	..	..	1
At Public Elementary Schools	..	..	..	..	141
At other Institutions	..	..	..	..	12
At no School or Institution	..	..	..	..	11
Total				..	<u>165</u>
D. CHILDREN WITH HEART DISEASE					
At Certified Special Schools	..	..	..	..	—
At Public Elementary Schools	..	..	..	..	31
At other Institutions	..	..	..	..	1
At no School or Institution	..	..	..	..	3
Total				..	<u>35</u>
CHILDREN SUFFERING FROM MULTIPLE DEFECTS					
					12

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER
1935.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see
Group VI.)

<i>Disease or Defect.</i> (1)	<i>Number of Defects treated, or under treatment during the year.</i>		
	<i>Under the Authority's Scheme</i> (2)	<i>Otherwise.</i> (3)	<i>Total.</i> (4)
<i>Skin—</i>			
Ringworm-Scalp—			
(i) X-Ray Treatment ...	—	—	—
(ii) Other	1	2	3
Ringworm-Body	—	—	—
Scabies	3	3	6
Impetigo	2	9	11
Other skin disease	29	58	87
<i>Minor Eye Defects</i>	81	34	115
(External and other, but excluding cases falling in Group II.)			
<i>Minor Ear Defects</i>	126	73	199
<i>Miscellaneous</i>	469	368	837
(e.g., minor injuries, bruises, sores, chilblains, etc.).			
Total	711	547	1,258

TABLE IV.—*continued.*

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

<i>Defect or Disease.</i>	<i>No. of Defects dealt with.</i>		
	<i>Under the Authority's Scheme.</i>	<i>Otherwise.</i>	<i>Total.</i>
(1)	(2)	(4)	(5)
Errors of Refraction (including Squint) ...	1050	300	1,350
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	—	—	—
Total... ...	1050	300	1,350

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	...	...	...	...	527
(b) Otherwise	...	...	...	...	54
Total					581

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme	...	...	...	...	502
(b) Otherwise	...	...	...	...	52
Total					554

TABLE IV.—*continued.*

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.

RECEIVED OPERATIVE TREATMENT.												<i>Received other forms of Treatment</i>	<i>Total number treated</i>
<i>Under the Authority's Scheme, in Clinic or Hospital</i>				<i>By private Practitioner or Hospital, apart from the Author- ity's Scheme</i>				<i>Total</i>					
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
123	29	144	36	34	8	30	23	157	37	174	59	236	663

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids.
 (iv) Other defects of the nose and throat.

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

Under the Authority's Scheme

Residential treatment with education	9
Residential treatment without education	40
Non-residential treatment at an orthopaedic clinic	671
Otherwise	3
Total number of children treated	723

GROUP V.—DENTAL DEFECTS.

(1) Number of Children who were inspected by the Dentist :

Aged :		$\left\{ \begin{array}{cc} 4 & 13 \\ 5 & 3,729 \\ 6 & 4,014 \\ 7 & 4,100 \\ 8 & 4,257 \\ 9 & 4,365 \\ 10 & 4,851 \\ 11 & 103 \\ 12 & — \\ 13 & — \\ 14 & — \end{array} \right\}$			
(a) Routine Age Groups	...	...	Total	...	25,432
(b) Specials	...	...	...	...	386
(c) Total (Routine and Specials)	...	...	...	...	25,818

TABLE IV.—*continued.*

(2) Number found to require treatment	...	...	...	19,225
(3) Number actually treated	...	...	...	15,268
(4) Attendances made by children for treatment	} Total			15,268
(5) Half-days devoted to :—				
Inspection ...	...	...	—	} Total 1,401
Treatment ...	...	...	—
(6) Fillings :—				
Permanent teeth ...	...	8,975	} Total	8,975
Temporary teeth ...	...	—	
(7) Extractions :—				
Permanent teeth ...	...	316	} Total	16,664
Temporary teeth ...	...	16,348		
(8) Administrations of general anæsthetics for extractions				15
(9) Other operations :—				
Permanent teeth ...	...	1,933	} Total	6,287
Temporary teeth ...	...	4,354		

GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per school made during the year by the School Nurses	...	...	...	...	4
(ii.) Total number of examinations of children in the Schools by School Nurses	...	...	...	...	71,533
(iii.) Number of individual children found unclean	...	...	...	...	2,886
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	...	...	...	...	—
(v.) Number of cases in which legal proceedings were taken :—					
(a) Under the Education Act, 1921	...	...	...	...	—
(b) Under School Attendance Byelaws	...	...	...	...	3

TABLE A.
SCHOOLS CLOSED ON ACCOUNT OF INFECTIOUS DISEASE DURING 1935.

<i>Infection.</i>	SCHOOLS CLOSED			
	<i>By M.O.H. with approval of S.M.O.</i>	<i>By S.M.O.</i>	<i>By R.D.C. and Managers</i>	<i>Total</i>
Scarlet Fever... ..	1	—	—	1
Measles	3	—	—	3
Total ...	4	—	—	4

TABLE B.
PEDICULOSIS.—Following-up, 1935.

	<i>Mixed</i>	<i>Boys</i>	<i>Girls</i>	<i>Infants</i>	<i>Total (All Departments)</i>
Departments	609	35	33	76	753
Number of Examinations ...	55,965	4,606	4,737	6,225	71,533
Children examined	52,576	4,453	4,205	5,732	66,966
Children infected	2,179	88	281	338	2,886
Percentage infected	4.1	2.0	6.7	5.9	4.3
Cards :—					
Blue (Mild)	1,357	64	217	225	1,863
Green (Stronger)	1,062	41	141	168	1,412
Red (Second Warning) ...	535	14	70	64	683
Letters (Subsequent Warnings)	406	2	46	57	511
Children excluded	170	4	26	26	226
Prosecutions (under Bye-Laws)					
Results :—Fines	1	—	1	—	2
Cautioned	—	—	—	—	—
Withdrawn	1	—	—	—	1

Fines :—1—10/- ; 1—5/-

TABLE C.

SUMMARY OF DENTAL INSPECTION AND TREATMENT.
 ROUNDS OF SCHOOLS.

		Age Groups	No. examined	Required Treatment		Treated by School Dentists	
				No.	%	No.	%
1915-16 ...	...	6-8	7,877	4,176	53.0	2,274	54.4
1917-18 ...	...	6-10	5,110	2,673	52.3	1,600	59.8
1919-21 ...	...	„	16,936	10,300	60.9	6,144	59.6
1921-22 ...	...	„	16,482	10,341	62.9	5,605	54.2
1922-23 ...	...	„	16,060	9,892	61.5	5,339	54.0
1923 ...	...	„	15,278	9,709	63.6	5,495	56.5
1924 ...	...	„	14,420	8,905	61.7	5,419	60.9
1924-25 ...	...	„	13,463	8,793	64.3	5,948	67.6
1925-26 ...	...	„	13,356	8,559	64.1	5,729	66.9
1926-27 ...	...	5-10	18,383	10,981	59.9	7,648	69.6
1927-28 ...	...	5-11	20,529	13,484	65.8	9,944	73.7
1928-29 ...	...	„	23,675	16,016	67.6	11,767	73.5
1929-30 ...	...	„	24,975	16,804	67.3	13,038	77.6
1930-31 ...	...	„	24,533	16,773	68.4	13,238	79.0
1931-32 ...	...	„	23,623	17,236	73.0	13,566	78.7
1932-33 ...	...	„	22,973	16,547	72.1	13,036	78.8
1933-34 ...	...	„	22,343	15,749	70.6	12,266	77.8
1934-35 ...	...	„	22,197	15,694	70.7	12,225	77.4

TABLE D.
SECONDARY SCHOOLS.
FINDINGS OF MEDICAL INSPECTION.

	<i>Entrants.</i>	12-13.	13-14.	14-15.	15-16.
Number examined ...	736	868	837	838	847
Nose and Throat ...	107	105	91	57	56
Teeth (over 3 decayed)	67	34	25	46	54
Heart Trouble ...	7	19	19	9	25
Glandular Enlargement	14	5	1	1	1
Vision (6/12 R. eye) ...	56	66	69	82	91
External Eye ...	19	18	25	20	11
Defective Hearing (R.)...	7	—	8	8	7
Ear Discharge ...	10	3	5	4	3
Skin Disease ...	13	18	17	22	20
Deformities ...	39	49	53	59	57
Bronchial Catarrh ...	1	2	2	2	3
Anæmia ...	—	3	2	1	3
Others ...	18	17	12	16	22
TOTAL ...	358	339	329	327	353

	16-17.	17-18.	18-19.	19-20.	<i>Total.</i>
Number examined ...	299	135	44	7	4611
Nose and Throat ...	10	5	1	—	432
Teeth (over 3 decayed)	32	7	4	—	269
Heart Trouble ...	6	—	—	1	86
Glandular Enlargement	3	—	—	—	25
Vision (6/12 R. eye) ...	42	18	7	—	431
External Eye ...	4	2	1	—	100
Defective Hearing (R.)...	1	1	2	—	34
Ear Discharge ...	—	—	—	—	25
Skin Disease ...	7	2	—	—	99
Deformities ...	21	7	3	—	288
Bronchial Catarrh ...	1	—	—	—	11
Anæmia ...	—	1	—	—	10
Others ...	3	2	1	—	91
TOTAL ...	130	45	19	1	1901